



**STATE OF CONNECTICUT
OFFICE OF THE HEALTHCARE ADVOCATE
STATE INNOVATION MODEL PROGRAM MANAGEMENT OFFICE
REQUEST FOR APPLICATIONS (RFA)
PREVENTION SERVICE INITIATIVE FOR COMMUNITY-BASED
ORGANIZATIONS**

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1 EXECUTIVE SUMMARY

Through this RFA, the State of Connecticut is soliciting Community Based Organizations (CBOs) and public health departments to participate in the Prevention Service Initiative (PSI). The PSI is part of Connecticut's comprehensive SIM strategy to promote healthier people, better care, smarter spending, and health equity. The goals are to:

1. Increase the number of individuals with unmet prevention needs who complete community-placed, evidence-based prevention services and maintain or improve wellness.
2. Improve healthcare organizations' performance on quality measures related to asthma or diabetes and associated ED utilization or admissions/readmissions for an attributed population through use of community-placed, evidence-based prevention services.
3. Enhance business competency skills and organizational capabilities of CBOs so they can enter into at least one contractual relationship with a health care provider that is participating in value-based payment.

Although recognition of the importance of partnerships between the health care sector and CBOs has grown, many CBOs may need assistance to increase business acumen and organizational capacity to enter into mutually beneficial contractual relationships with health care payers and providers. The State Innovation Model (SIM) Program Management Office seeks to select ten Community Based Organizations (including local health departments) to work with the State to demonstrate the use of a CBO Linkage Model as part of Connecticut's broader SIM strategy to promote healthier people, better care, smarter spending, and health equity.

Selected CBOs will receive 18 months of no-cost technical assistance from a SIM Prevention Service Initiative (PSI) Technical Assistance (TA) consultant. The TA will enable the CBO to execute and implement at least one new contract with a healthcare organization in which the organization pays the CBO for services provided to its patients. The TA will help CBOs develop processes to accept referrals of patients that can benefit from such services and assess the impact on health outcomes and return on investment to sustain the contractual arrangement.

The initiative is limited to **Bridgeport, New Haven, Middletown and surrounding towns**. Selected CBOs must currently provide a chronic disease self-management program with a focus on asthma or diabetes. If the CBO is not currently providing one of these services in a target community, they must have the capacity to establish or extend service capacity to one or more of these communities. The State may consider chronic disease self-management programs that focus on conditions other than asthma and diabetes.

Preference will be given to applicants that meet criteria for readiness to work with a PSI Technical Assistance consultant. The anticipated maximum award per CBO is \$50,000. This RFA is for an initial award of up to \$20,000 to be used for staff time and travel costs associated with actively engaging in the TA. After three months of participating in the PSI, CBOs will be eligible, contingent upon the completion of a Prevention Service Business Plan to apply for an additional \$30,000 to cover start-up costs related to the provision of contracted prevention services. *It is*

the goal of this initiative that the funding to support the ongoing provision of these services be provided by healthcare organizations.

Any questions related to this grant program should be directed to:

Faina Dookh: Faina.dookh@ct.gov

Applications must be submitted electronically on or before the date indicated below to:

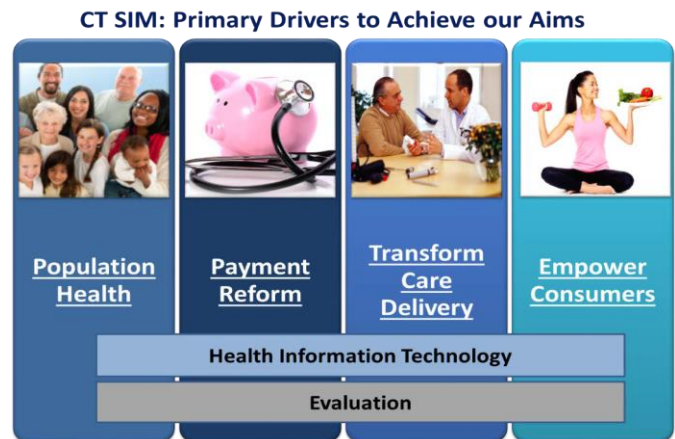
Faina.dookh@ct.gov

RFP Name	Prevention Service Initiative for Community-based Organizations
RFP Release Date	February 6, 2018
Electronic Location of Request for Proposals	https://biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=45454
Letter of Intent (optional) Due Date	February 23 th , 2018
Request for Proposals Application Due Date	March 9th 2018, 3pm
Anticipated Notice of Award	March 19 th , 2018
Period of Award	April 9 th , 2018 – September 30 th , 2019
Anticipated Total Available Funding	Up to \$50,000 total award available per CBO. \$20,000 award available through this RFA and an opportunity to apply for an additional \$30,000.
Anticipated Number of Awards	Ten awards
Eligible Applicants	Community based organizations (CBOs) including local health departments with demonstrated readiness to engage in the CBO Linkage Model

2 BACKGROUND INFORMATION

2.1 CONNECTICUT'S STATE INNOVATION MODEL

The State Innovation Model (SIM) initiative is a Center for Medicare & Medicaid Innovation (CMMI) effort to support the development and implementation of state-led, multi-payer healthcare payment and service delivery model reforms that will promote healthier people, better care, and smarter spending in participating states. In 2014 Connecticut received a \$45 million State Innovation Model (SIM) grant from CMMI to implement a multi-faceted strategy to improve the health outcomes and healthcare spending trajectory of the state, as well as to improve the sizeable health disparities that continue to persist. Over a four-year period (2015-2019) Connecticut's SIM proposes to improve Connecticut's health system for the majority of residents.

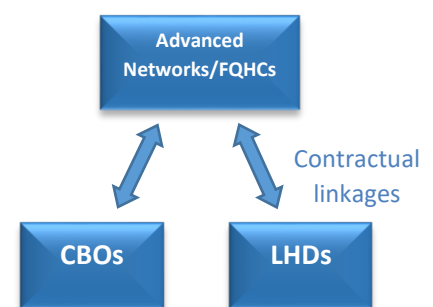


We are investing in a transition away from paying for a volume of healthcare services towards paying based on whether people receive high quality care with lower growth in costs. This includes funding the design and launch of the state's first Medicaid Shared Savings Program ("PCMH+"), which rewards healthcare providers for improved quality outcomes and better cost trends.

We are providing technical assistance and supports to healthcare providers that want to succeed in these new payment models with a focus on connecting individuals to community and behavioral services and supports, deploying community health workers, using data to track and improve their performance, and more.

2.2 PREVENTION SERVICE INITIATIVE CBO LINKAGE MODEL

Healthcare providers are increasingly being held accountable for healthcare quality and cost through value-based payment. This creates incentives for clinical providers to demand more effective prevention services offered by community-based organizations and public health departments ("CBOs"). CBOs that can provide these services efficiently to Advanced Networks and FQHCs have an opportunity to take advantage of this potential demand and establish mutually-beneficial contractual arrangements.



Foundational assumptions:

1. Individuals have unmet prevention needs related to asthma and diabetes that can be met by community-placed prevention services delivered in a community setting.
2. Despite the strong evidence of their effectiveness, community placed prevention services offered by CBOs are currently under-utilized by Advanced Networks and FQHCs.
3. CBOs provide evidence-based prevention services, but have limited business competencies in marketing and delivering these services to the healthcare sector.

Model goals:

1. Enhance business competency skills and organizational capabilities of CBOs so that they can enter into at least one contractual relationship with a healthcare provider that is participating in value-based payment.
2. Increase the number of individuals with unmet prevention needs who complete community-placed, evidence-based prevention services and maintain or improve wellness.
3. Improve Advanced Network/FQHC performance on quality measures related to asthma or diabetes and associated Emergency Department utilization or admissions/readmissions for an attributed population through use of community-placed, evidence-based prevention services.

For more information, please visit the [Population Health Council webpage](#) and the [Steering Committee webpage](#). Also refer to these links: [PSI description](#)

3 ELIGIBILITY

Community based organizations eligible to apply for this solicitation are public or private organizations that provide services at a local level to improve the wellbeing of individuals in the community. This includes local health departments. This does not include organizations whose primary function is to provide healthcare services.

Community based organizations must also meet the following requirements:

- Must be currently providing in Connecticut the services that will be a focus of this model, as described in **Section 4.2 Priority Services for Model Demonstration**;
- Must have the capacity to establish or extend services to residents in at least one of the three target communities, as described below.

Target Communities

The State is designating the following three cities and surrounding towns as the target communities for this initiative:

- Bridgeport,
- New Haven and
- Middletown.

Proposals from CBOs must specify in their applications which cities and surrounding towns they are proposing as the catchment area for this initiative.

4 PREVENTION SERVICE INITIATIVE COMPONENTS

4.1 OVERVIEW

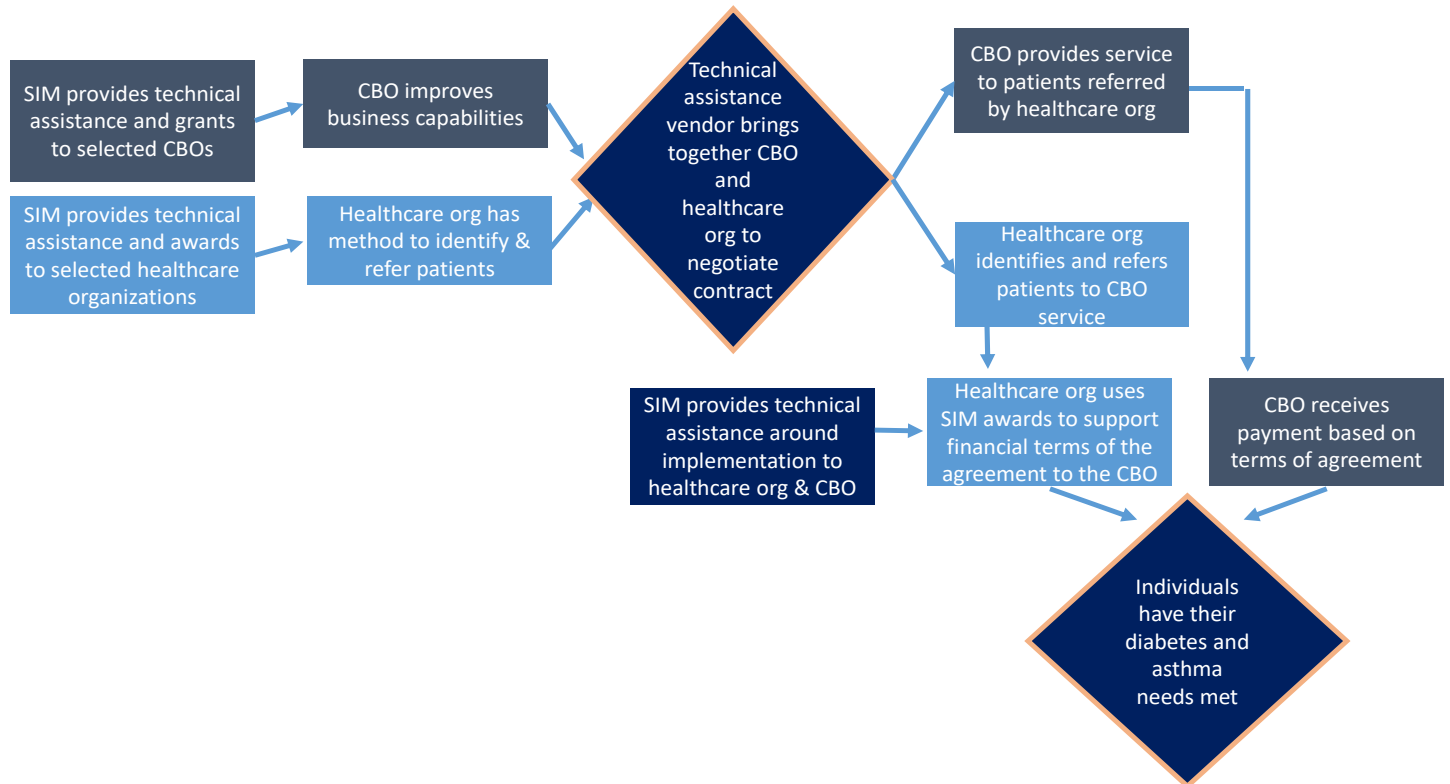
This model focuses on preparing CBOs to enter into formal financial arrangements with health care organizations under which such organizations pay the CBOs for prevention services provides to their patients. **This solicitation is for CBOs.** A separate solicitation has been released for healthcare organizations.

Multiple CBOs in three target communities will receive SIM-funded technical assistance and awards to be able to develop and execute these arrangements. Multiple health care organizations in these same regions will also receive SIM-funded technical assistance and awards focusing on identifying and referring patients, and executing contractual agreements. Several months into the technical assistance, healthcare organizations and the CBOs will be brought together to begin the negotiation process.

This approach has been tested in other parts of the country, where technical assistance that improved CBOs' competencies related to market success increased the number of formal partnerships and referral pathways between the healthcare and community sectors¹².

The below flow chart illustrates the key activities of the initiative.

Exhibit 1: Prevention Service Initiative Flow Chart



¹<https://www.chcs.org/media/Working-Together-Toward-Better-Health-Outcomes.pdf>

² http://www.thescanfoundation.org/sites/default/files/linkage_lab_case_studies_final_august_2015.pdf

4.2 PRIORITY SERVICES FOR MODEL DEMONSTRATION

The model will be tested with evidence-based prevention services delivered in community settings. CBOs must currently provide a chronic disease self-management program with a focus on asthma self-management and home environmental remediation or diabetes self-management.³ These services were prioritized based in part on the following criteria:

- proven positive impact on health outcomes and health disparities,
- ability to improve performance on quality of care measures present in shared savings program arrangements, and
- potential to provide a financial return on investment to the healthcare organization.

CBOs will be expected to a) integrate community health workers in the delivery of direct services or the provision of related support services and b) identify and address social determinants of health that may hinder individuals from accessing or benefitting from preventive and clinical service(s) for the target conditions.

Note well: Applicants to this RFA may propose alternative prevention service interventions for the State's consideration. The prospective applicant must submit a description of their proposed program to faina.dookh@ct.gov for the State's consideration by February 26th. The description should describe how the program meets the above criteria.

4.3 PARTICIPATION REQUIREMENTS

Successful CBO applicants will be expected to commit to all aspects of the Prevention Service Initiative, including:

1. Execute at least one financial contractual arrangement with a health care organization that is participating in the Prevention Service Initiative;
2. Change workflows and operational processes to implement an effective referral and feedback loop strategy to effectively implement the arrangement with the health care provider;
3. Commit dedicated personnel to work on this effort and to interact with the TA provider on an agreed-upon schedule;
4. Actively participate in the technical assistance, including attending webinars, peer-learning activities, disseminating templates, and attending in-person events;
5. Complete all related activities, such as development of a business plan, business case proposition, and other;

6. Select relevant quality measures and provide aggregate data regarding performance on these measures to the State after the agreements with the health care organizations have been implemented;
7. Cooperate with the State on any future evaluation efforts.

4.4 BENEFITS OF PARTICIPATING

The benefits to CBOs who participate in the Prevention Service Initiative include:

- Improve the health and wellbeing of community members;
- Increase the demand for and efficient access to their services;
- Diversify their funding portfolio by establishing a new funding stream from the healthcare sector;
- Improve business acumen and internal organizational capabilities;
- Receive no-cost technical support and assistance from local and national experts;
- Better position your organization to work more effectively with healthcare providers;
- Receive financial assistance to remove barriers to healthcare-community linkages;
- Learn with and from peers with similar goals and challenges;
- Differentiate your organization as a leader in Connecticut and in the nation.

4.5 SCOPE OF TECHNICAL ASSISTANCE

4.5.1 Technical Assistance Objectives

TA that will be provided to CBOs free of cost shall consist of subject-matter expertise, resources and guidance to meet the following objectives:

1. CBOs have a clear sense of their strengths, gaps, and goals as well as their pathways for improvement.
2. CBOs have improved capabilities and readiness to implement the Prevention Service Initiative Linkage Model with one or more healthcare provider.
3. CBOs can deliver effective and financially sound prevention services.
4. At least one financial contractual agreement is formalized between each CBO and a healthcare provider.
5. CBOs implement and sustain the linkage model.

Each CBO selected to engage in the 18-month TA process is expected to make a commitment to achieve the objectives based on a current level of organizational readiness. Respondents will have an opportunity to address commitment and readiness in **Section 5.2 Application Narrative**.

In addition, the TA will concurrently be provided free of cost to healthcare organizations, which in alignment with CBOs, will aim at meeting the following objectives:

1. Healthcare organizations understand their strengths, gaps, and goals related to better patient care by enabling meaningful access to prevention services.
2. Improve accountable healthcare provider's readiness and capabilities to implement the Prevention Service Initiative CBO Linkage Model.
3. Healthcare providers implement and sustain the linkage model.

4.5.2 Technical Assistance Activities

Below we outline the activities associated with five high-level objectives that will be undertaken by the PSI TA consultant.

OBJECTIVE 1: CBOs have a clear sense of their strengths, gaps, and goals as well as their pathways for improvement.

1. Conduct organizational assessment/gap analysis with CBOs.
2. Develop a Technical Assistance Plan customized to CBO's strengths, gaps, and goals.

OBJECTIVE 2: CBOs have improved capabilities and readiness to implement the Prevention Service Initiative Linkage Model with one or more healthcare provider

1. Provide TA that enables CBOs to:
 - a) Conduct a workforce capacity and funding analysis to meet projected healthcare provider demand. Includes analyzing workforce and identifying how and where Community Health Workers may add value.
 - b) Develop a strong business case/value proposition for their service(s) that includes data and resonates with healthcare providers (speaks to ANs/FQHCs quality measure goals, shared savings initiatives, etc.).
 - c) Analyze the alignment of sites of service in relation to the geographical distribution of healthcare providers' attributed population.
 - d) Develop financial contractual agreements on solid legal grounds (by providing templates and examples).
 - e) Effectively negotiate by leveraging their expertise in community outreach.
2. Work with the CBO, in consultation with relevant state agencies and partners to develop a CBO-specific Prevention Service Plan. The TA should consider:
 - a) Maximizing service processes building on existing capacity.
 - b) Safeguarding the fidelity of prevention services.
 - c) Positioning CBO's core strengths and opportunities within the market for prevention services.
 - d) Defining the target populations.
 - e) Defining a strategy for effectively addressing associated social determinants of health.

- f) Characterizing the effectiveness of the intake and access process.
 - g) Addressing two-way communications, information exchange and reporting issues that may anticipate potential data sharing barriers (e.g. HIPPA, access to EHR tools).
 - h) Including evaluation, data analysis and sharing approaches.
 - i) Discussing whether partnerships with other CBOs are necessary to meet demand.
 - j) Need for service expansion and outreach.
 - k) Infrastructure requirements for implementation.
3. Facilitate peer-to-peer learning activities among CBOs that provide related services or have similar goals/needs.

OBJECTIVE 3: CBOs can deliver effective and financially sound prevention services.

1. Provide TA that enables CBOs to develop a business plan that includes:
 - a) Performance targets and goals.
 - b) Program participation and retention projections; strategy/partnership; roles, assigned personnel, tasks and timelines; and marketing approach and materials.
 - c) Budget and rate structure for the model. This should consider forecasted costs; revenue and cash flow impact of assumed pricing; volume; staffing, wages, and expense assumptions; and a pricing strategy that ensures CBO services are not delivered at a loss and meet revenue generation goals. This may include leveraging other funding streams and accessing sufficient capital to meet capacity demands.
 - d) Scan results of the healthcare market and identification of potentially interested healthcare providers then developing a positioning strategy.

OBJECTIVE 4: At least one financial contractual agreement is formalized between each CBO and a healthcare provider.

1. Facilitate discussions and joint-activities between CBOs and healthcare providers.
 - a) Determine framework for partnership discussions.
 - b) Schedule and host meetings; prepare meeting materials.
 - c) Determine follow up and communications plan.
2. Facilitate a contractual agreement between the CBO and health care provider.
 - a) Develop a contract negotiation strategy.
 - b) Disseminate contract agreement templates and examples.
 - c) Discuss framework for future business planning.

OBJECTIVE 5: CBOs implement and sustain the linkage model

1. TA should enable the CBO and healthcare provider to, at a minimum:
 - a) Effectively implement the contracted services/processes.
 - b) Monitor progress towards performance targets and conduct mid-course correction activities.
 - c) Assess gaps in processes or tools for information collection and communication, including the sharing of their performance indicators with healthcare providers.

Organizations will also participate in peer-learning activities with other healthcare organizations to share best practices and learn from each other.

4.6 KEY OUTPUTS AND TIMELINE

Below is a high-level Prevention Service Initiative timeline.

Table 1 High-level Project Timeline

Phases	Key Outputs	Timeline
<i>Technical Assistance</i>	Official program and technical assistance launch	4/09/18
	Site visits/organizational assessments for each AN/FQHC completed and results synthesized	4/22/18 - 5/25/18
	Technical Assistance Plan for each CBO and AN/FQHC complete	By 5/31/18
	Workforce capacity, business case/value proposition, and sites of service analysis documented for each CBO (CBOs only)	6/01/18-6/30/18
	Prevention Service Business Plans complete (CBOs only)	By 7/31/18
	AN/FQHCs have designed and implemented workflows for patient identification and referral	6/01/18 – 10/30/18
	AN/FQHCs have designed and implemented data analytics strategy to support quality and ROI evaluation	6/01/18 – 10/31/18
	CBO-AN/FQHC Contract agreement templates and examples disseminated	By 7/30/18
	CBO-AN/FQHC Framework for partnership discussions disseminated	By 7/30/18
	Technical assistance complete	By 9/30/2019
<i>Funding</i>	AN/FQHCs and CBOs will be eligible to apply for direct funding	July 2018
<i>Linkage activities</i>	Discussions and joint activities held between CBOs and AN/FQHCs	8/15/18-ongoing
	Contracts executed between CBOs and AN/FQHCs	By 11/01/18
<i>Peer-learning</i>	Peer-to-peer CBO and AN/FQHC events ongoing including: 1) One Day Learning Sessions (In person: providers, CBOs and technical assistance vendor) (approx.. 4/18; 7/18; 3/19) 2) Bi-weekly or monthly webinars	4/15/18-9/30/19
<i>Implementation of linkages</i>	Implementation status reports	11/01/18-ongoing

5 AWARD INFORMATION

SIM Prevention Service Initiative Awards are intended to provide direct funding to Community Based Organizations to support their participation in the Prevention Service Initiative.

AWARD AMOUNT AND TYPE

A total of up to \$50,000 is anticipated to be available CBO over the 18-month period of performance. The SIM PMO is making available awards through a two-step process. **This RFA is for up to \$20,000** to cover staff costs and other expenses associated with actively participating in the technical assistance process and associated outputs.

After three months of receiving technical assistance, CBOs will be eligible, contingent upon the completion of a Prevention Service Business Plan, to apply for an additional \$30,000 of funding. This may fund, for example, information technology, personnel needed for additional demand until contract with healthcare organization is underway, consultation services to ensure Board of Directors approves the new strategy, legal costs associated with contract development, and other. The initial technical assistance will help the CBO in determining the specific funding needs related to this initiative. This funding is not guaranteed and is based on the progress of the CBO in establishing a formal arrangement with a healthcare organization.

The funding received by successful applicants constitutes a sub-award of the State's SIM Model Test Grant. As such, successful applicants are considered sub-recipients under the terms of the State's Cooperative Agreement with the Center for Medicare and Medicaid Innovation (CMMI) and are subject to special requirements detailed in this [Cooperative Agreement](#) and [subsequent amendments](#).

WHAT AWARDS MAY FUND

Awards of up to \$20,000, as part of this RFA, will support CBOs for the following:

- Personnel costs associated with participating in the technical assistance and developing associated outputs
- Fringe benefits
- Travel costs associated with traveling to technical assistance events

TERMINATION OF AWARD

Continued funding is dependent on satisfactory progress of the awarded applicant in meeting the goals of the Prevention Service Initiative and a decision that continued funding is in the best interest of the State. The SIM PMO may terminate or modify an award based on our review of an

awardee's progress. Proposals will be funded subject to meeting terms and conditions specified in the contract, and awards may be terminated if these terms and conditions are not met.

6 APPLICATION DETAILS

6.1 SUBMISSION INSTRUCTIONS

This Request for Proposals serves as the application package and contains all the instructions to enable a potential applicant to apply.

6.1.1 Letter of Intent to Apply

Respondents are strongly encouraged to submit non-binding, optional, Letters of Intent to Apply (LOI). Please refer to the Executive Summary related to the Letter of Intent due date.

Please submit your Letter of Intent by email to:

Faina Dookh, Faina.dookh@ct.gov.

The LOI should provide a brief description of the organization applying. The LOI must clearly identify the sender, including name, mailing address, telephone number, and email address. There are no format requirements for the LOI.

6.1.2 Respondents' Questions

The SIM PMO encourages Respondents to submit questions by email (to faina.dookh@ct.gov) seeking clarification of the RFP requirements. Questions will be reviewed on an ongoing basis and responses will be posted within 5 business days of receipt. The PMO will respond to all questions in one or more official addenda that will be posted to the Department of Administrative Services (DAS) website (http://www.biznet.ct.gov/SCP_Search/BidResults.aspx).

6.1.3 Submission Requirements

The proposal must be submitted to faina.dookh@ct.gov no later than the established deadline listed in the Executive Summary. All documents should be submitted as PDFs.

6.1.4 Format Requirements

In order to ensure readability by reviewers, fairness in the review process, and consistency among applications, each application must follow the following specifications to be reviewed:

- Use 8.5" x 11" letter-size pages with 1" margins (top, bottom, and sides).
- All pages of the Response must be paginated in a single sequence.
- Font size must be no smaller than 11-point
- Follow the page limits as detailed in the next section.

6.2 APPLICATION CONTENT

The application should be written primarily as a narrative in response to the following questions.

I. PROPOSAL FACE SHEET

See Attachment A

II. TRANSMITTAL LETTER

(No more than 1 page)

Brief written statement that addresses:

- That the Respondent accepts without qualification:
 - Assurances and Acceptance;
 - all [Mandatory Terms and Conditions](#);
- Evidence of Qualified Entity: The Respondent shall provide written assurance to the PMO from its legal counsel that it is qualified to conduct business in Connecticut and is not prohibited by its articles of incorporation, bylaws, or the law under which it is incorporated from performing the services required under any resultant contract.
- Sanction – Disclosure: The Respondent shall provide a statement that attests that no sanction, penalty or compliance action has been imposed on the Respondent within three years immediately preceding the date of this RFP. If the Respondent proposes the use of a subcontractor, each proposed subcontractor must provide the same statement.

IV. APPLICATION NARRATIVE

(5 PAGES, SINGLE-SPACED)

The Application Narrative should describe the experience, readiness, motivation and commitment of the Respondent necessary to succeed in the Prevention Service Initiative.

Leadership and Commitment

Describe your organization's commitment to community health and executive level support for this initiative.

Suggested topics:

- Discuss how this initiative fits into to the organization's overall mission and strategy.
- Describe why population health matters to your organization?
- Describe your leadership structure (CEO, Board of Directors, elected official?)
- How does your leadership and staff reflect the demographics of the populations served?
- How does the leadership engage staff in strategic planning and ongoing evaluation?
- How will you mitigate any recent or anticipated leadership transitions and/or governance challenges?
- How will leadership ensure sustainability of this Initiative after the TA process has come to an end?

Operations

Describe the CBO's operational capacity, including formal organizational processes and business planning capabilities that position the organization to participate in this initiative.

Suggested Topics:

- What administrative/financial and programmatic data systems are presently utilized by the organization?
- How are contracts currently developed and managed? (e.g. who does what and how to develop/review and manage contracts? Who will support this transition to new financing structures?)
- Describe how your organization monitors quality and assures fidelity to evidence-based practice protocols.
- Discuss any specific plans for fidelity monitoring related to planned prevention program.
- Describe prior experience, if any, participating in capacity-building TA and/or a peer-learning exchange. If the organization has prior experience with capacity-building TA or peer-learning exchange, what lessons were learned? What was the value to the organization?

Community Presence and Programs

Describe your organization's ability to deliver high-quality, place-based, culturally-sensitive integrated care in Bridgeport, New Haven and/or Middletown. How well are you connected to communities affected by asthma/diabetes in these areas?

Suggested Topics:

- If known, indicate the community-placed and evidence-informed intervention your organization plans to implement (asthma self-management and in-home environmental assessment and remediation, Diabetes Self-Management Programs, or other)
- What is your service continuum?
- What are your outreach practices? Community networks? Capacity to address social determinants of health as they relate to chronic disease issues, and specifically to diabetes and asthma?
- Describe how the organization proposes to integrate community health workers in the delivery of direct services or provision of related support services.
- How will you market the planned intervention?
- Describe your experience with service delivery partnerships.
- Describe your interest in providing evidence-based in partnership with health care providers.
- Describe the organization's experience implementing and sustaining recognized evidence-based programs that address chronic disease, such as the diabetes and/or asthma self-management.

- Who do you anticipate will be the target population and how many people do you anticipate will be impacted?
- What is the CBO's interest and ability to expand programs to a health care provider service area and clients?

Personnel

Describe your organization's workforce capacity for this initiative.

Suggested Topics:

- What system is in place to manage and train staff, and to meet anticipated additional demands?
- How will you designate a specific individual to serve as point person for project TA?

VI. BUDGET NARRATIVE (2 pages, single-spaced)

Each CBO can apply for up to \$20,000 for the following categories over an 18 month period:

- Personnel
- Fringe benefits
- Travel costs

The Budget Narrative response should contain the following:

1. Budget summary table
2. Cost break down and justification for
 - a. Personnel
 - b. Fringe
 - c. Travel

1. Budget Summary Table

Please provide the following table for costs for the entire 18 month period.

Table 1: Budget Summary Table

Budget Category	Costs for 18 month period	Total
A. Personnel		
B. Fringe		
C. Travel		
<i>D. Total (sum A-C)</i>		

2. **Cost Break Down and Justification**

Please include cost break down and a narrative justification for the following categories:

A. **Personnel**

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Position Title and Name	Annual	Time	Months	Amount Requested
<i>Project Coordinator Susan Taylor</i>	<i>\$45,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$45,000</i>
<i>Finance Administrator John Johnson</i>	<i>\$28,500</i>	<i>50%</i>	<i>12 months</i>	<i>\$14,250</i>
<i>Outreach Supervisor (Vacant*)</i>	<i>\$27,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$27,000</i>

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities; coordination with other agencies; development of materials, provisions of in service and training; conducting meetings; designs and directs the gathering, tabulating and interpreting of required data; responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to HHS. This position relates to all program objectives.

The format may vary, but the description of responsibilities should be directly related to specific technical assistance objectives.

B. **Fringe Benefits**

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed. This can be done for all FTE in one table instead of itemizing per employee.

Sample

Example: Project Coordinator — Salary \$45,000

<i>Retirement 5% of \$45,000</i>	<i>=</i>	<i>\$2,250</i>
<i>FICA 7.65% of \$45,000</i>	<i>=</i>	<i>3,443</i>
<i>Insurance</i>	<i>=</i>	<i>2,000</i>

Workers' Compensation = _____
Total:

C. Travel

Dollars requested in the travel category should be for staff travel within the state of CT. Provide a narrative justification describing the travel staff member/s will perform and justification to participate in the technical assistance. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile.

Sample

In-State Travel:

1 trip x 2 people x 500 miles r/t x .27/mile	=	\$270
2 days per diem x \$37/day x 2 people	=	\$148
1 nights lodging x \$67/night x 2 people	=	\$134
25 trips x 1 person x 300 miles avg. x .27/mile	=	<u>\$2,025</u>
Total	=	\$2,577

7. EVALUATION AND SELECTION

This section describes the evaluation criteria and process for this RFP.

7.1 REVIEW AND SELECTION PROCESS

It is the intent of the PMO to conduct a comprehensive, fair and impartial evaluation of the Responses received to this competitive procurement. Only those submissions that the PMO deems responsive to the RFP requirements will be evaluated and scored.

A team consisting of qualified experts will review the applications to assess the degree of responsiveness, and clarity in their plan to meet the project goals and milestones. The review process will include the following:

- To be considered for review, applications will first be screened for completeness and adherence to eligibility.
- The review panel will assess each application to determine the merits of the proposal. The PMO reserves the right to request that Respondents revise or otherwise modify their proposals and budget based on PMO recommendations.
- The PMO may elect to conduct interviews with the finalists prior to awarding the right to negotiate a contract. Any expenses incurred by the Respondent to participate in such interview shall be the responsibility of the Respondent.
- The results of the review of the applications will be used to advise the PMO approving official. Final award decisions will be made by the designated approving official. In making

these decisions, the approving official will take into consideration: recommendations of the review panel; the readiness of the applicant to complete the scope of work and objectives; and the reasonableness of the estimated cost to the government and anticipated results.

- The SIM PMO reserves the right to conduct negotiations with applicants upon receipt of their proposals.

7.2 PROCUREMENT PROCESS

7.2.1 Contract Execution

The contract developed as a result of this RFP is subject to State contracting procedures for executing a contract, which includes approval by the Connecticut Office of the Attorney General. Contracts become executed upon the signature of the Office of the Attorney General and no financial commitments can be made until and unless the contracts have been approved by the Office of the Attorney General. The Office of the Attorney General reviews the contract only after the Program Director and the Contractor have agreed to the provisions.

7.2.2 Acceptance of Content

If acquisition action ensues, the contents of this RFP and the Response of the successful Respondent will form the basis of contractual obligations in the final contract. The resulting contract will be a Personal Service Agreement (PSA) contract between the successful Respondent and the PMO. The PMO is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

7.2.3 Debriefing

The PMO will notify all Respondents of any award issued as a result of this RFP. Unsuccessful Respondents may, within thirty (30) days of the signing of the resultant contract(s), request a Debriefing of the procurement process and its submission by contacting the Official Contact in writing at the address previously given. A Debriefing may include a request for a copy of the evaluation tool, and a copy of the Respondent's scores including any notes pertaining to the Respondent's submission. Debriefing information that has been properly requested shall be released within five (5) business days of the PMO's receipt of the request.

Respondents may request a Debriefing meeting to discuss the procurement process by contacting the Official Contact in writing at the address previously given. Debriefing meetings that have been properly requested shall be scheduled within fifteen (15) days of the PMO's receipt of a request.

A Debriefing will not include any comparisons of unsuccessful proposals with other proposals.

7.2.4 Appeal Process

The Respondent may appeal any aspect of the competitive procurement; however, such appeal must be in writing and must set forth facts or evidence in sufficient and convincing detail for the PMO to determine whether – during any aspect of the competitive procurement – there was a failure to comply with the State’s statutes, regulations, or standards concerning competitive procurement or the provisions of the Procurement Document. Appeals must be submitted by the Respondent to Ted Doolittle (Ted.Doolittle@ct.gov), with a copy to the Contract Administrator.

Respondents may submit an Appeal to the PMO any time after the submission due date, but not later than thirty (30) days after the PMO notifies Respondents about the outcome of a competitive procurement. The e-mail sent date or the postmark date on the notification envelope will be considered “day one” of the thirty (30) days.

Following the review process of the documentation submitted, but not later than thirty (30) days after receipt of any such Appeal, a written decision will be issued and delivered to the Respondent who filed the Appeal and any other interested party. The decision will summarize the PMO’s process for the procurement in question; and indicate the Agency Head’s finding(s) as to the merits of the Respondent’s Appeal.

Any additional information regarding the Debriefing and/or the Appeal processes may be requested from the Official Contact for this RFP.

8. GENERAL PROVISIONS

8.1 Contest of Solicitation of Award

Pursuant to Section 4e-36 of the Connecticut General Statutes, “Any Respondent or RESPONDENT on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board...” Refer to the State Contracting Standards Board website at www.ct.gov/scsb.

8.2 Disposition of Responses- Rights Reserved

Upon determination that its best interests would be served, the PMO shall have the right to the following:

1. **Cancellation:** Cancel this procurement at any time prior to contract award.
2. **Amend procurement:** Amend this procurement at any time prior to contract award.
3. **Refuse to accept:** Refuse to accept, or return accepted Responses that do not comply with procurement requirements.
4. **Incomplete Business Section:** Reject any Response in which the Business Section is incomplete or in which there are significant inconsistencies or inaccuracies. The State reserves the right to reject all Responses.

5. **Prior contract default:** Reject the submission of any Respondent in default of any prior contract or for misrepresentation of material presented.
6. **Received after due date:** Reject any Response that is received after the deadline.
7. **Written clarification:** Require Respondents, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require.
8. **Oral clarification:** Require Respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the PMO. Invite Respondents, but not necessarily all, to make an oral presentation to assist the PMO in their determination of award. The PMO further reserves the right to limit the number of Respondents invited to make such a presentation. The oral presentation shall only be permitted for clarification purposes and not to allow changes to be made to the submission.
9. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by the PMO.
10. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by the PMO.
11. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.
12. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFP.
13. **Most advantageous Response:** Consider cost and all factors in determining the most advantageous Response for the PMO when awarding the right to negotiate a contract.
14. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of the PMO will be served.
15. **Privileged and confidential communication:** Share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.
16. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Respondents upon review of the scored criteria. In addition, the PMO reserves the right to set parameters on any BFOs it receives.
17. **Unacceptable Responses:** Reopen the bidding process if the PMO determines that all Responses are unacceptable.

8.3 Qualification Preparation Expenses

The PMO assumes no liability for payment of expenses incurred by Respondents in preparing and submitting Responses to this procurement.

8.4 Response Date and Time

To be considered for selection a Response must be received by the PMO by the date and time stated in the Executive Summary of this RFP. Respondents should not interpret or otherwise construe receipt of a Response after the closing date and time as acceptance of the Response, since the actual receipt of the document is a clerical function. The PMO suggests the Respondent e-mail the proposal with receipt confirmation. Respondents must address all RFP communications to the PMO.

8.5 Assurances and Acceptances

1. **Independent Price Determination:** By submission of a Response and through assurances given in its Transmittal Letter, the Respondent certifies that in connection with this procurement the following requirements have been met.
 - a. **Costs:** The costs proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such process with any other organization or with any competitor;
 - b. **Disclosure:** Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Respondent on a prior basis directly or indirectly to any other organization or to any competitor;
 - c. **Competition:** No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a Response for the purpose of restricting competition;
 - d. **Prior Knowledge:** The Respondent had no prior knowledge of the RFP contents prior to actual receipt of the RFP and had no part in the RFP development; and
 - e. **Offer of Gratuities:** The Respondent certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).
2. **Valid and Binding Offer:** Each Response represents a valid and binding offer to the PMO to provide services in accordance with the terms and provisions described in this RFP and any amendments or attachments hereto.
3. **Press Releases:** The Respondent agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFP or any resulting contract.
4. **Restrictions on Communications with PMO Staff:** The Respondent agrees that from the date of release of this RFP until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFP except as provided herein through the PMO. Any other communication concerning this RFP with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Respondent's Submission.

5. **Acceptance of the PMO's Rights Reserved:** The Respondent accepts the rights reserved by the PMO.
6. **Experience:** The Respondent has sufficient project design and management experience to perform the tasks identified in this RFP. The Respondent also acknowledges and allows the PMO to examine the Respondent's claim with regard to experience by allowing the PMO to review the related contracts or to interview contracting entities for the related contracts.

8.6 Incurring Costs

The PMO is not liable for any cost incurred by the Respondent prior to the effective date of a contract.

8.7 Statutory and Regulatory Compliance

By submitting a proposal in response to this RFP, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. Freedom of Information, C.G.S. § 1-210(b). This Contract is subject to C.G.S. § 1-1210(b). The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-1210(b). The proposer shall indicate if it believes that certain documents or a portion(s) of documents, as required by this RFP is confidential, proprietary or trade secret by clearly marking such in its response to this RFP. The State will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.
2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. Consulting Agreements, C.G.S. § 4a-81. Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (a) Providing counsel to a

contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (b) Contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (c) Any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms

4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g) (2). If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at http://www.ct.gov/opm/fin/ethics_forms
5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a) (1) and 4a-60a (a) (1). If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with written representation or documentation that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all State contracts—regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM's website at http://www.ct.gov/opm/fin/nondiscrim_forms.

8.8 Key Personnel

The PMO reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The department also reserves the right to approve replacements for key personnel who have terminated employment. The PMO further reserves the right to require the removal and replacement of any of the proposer's key personnel who do not perform adequately, regardless of whether they were previously approved by the PMO.

8.9 Other

Bidding on and/or being awarded this contract shall not automatically preclude the Respondent from bidding on any future contracts related to the SIM. Continued funding is contingent upon the ongoing availability of funds, satisfactory program performance, and demonstrated need for these services.

9 DEFINITIONS AND ACRONYMS

DEFINITIONS

Advanced Network: An independent practice association, large medical group, clinically integrated network, or integrated delivery system organization that has entered into a shared savings program (SSP) arrangement with at least one payer.

Community Based Organization: A public or private organization that provides services at a local level to improve the wellbeing of individuals in the community. This includes local health departments. This does not include organizations whose primary function is to provide healthcare services.

Contract: The contract awarded to the successful Respondents pursuant to this RFP.

Contractor: See “Prevention Service Initiative Technical Assistance Vendor”

Federally Qualified Health Center: An entity that meets the definition of an FQHC in section 1905(l) (2) (B) of the Social Security Act and meets all requirements of the HRSA Health Center Program, including both organizations receiving grants under Section 330 of the Public Health Service Act and also FQHC Look-Alikes, which are organizations that meet all of the requirements of an FQHC but do not receive funding from the HRSA Health Center Program.

Prevention Service Initiative Technical Assistance Vendor: the organization that provides, among other services, technical assistance, subject matter expertise, and guidance to CBOs and health care organizations that are participating in the Prevention Service Initiative.

Respondent: An organization that has submitted a proposal to the SIM PMO in response to this RFP.

ACRONYMS

CMMI Center for Medicare & Medicaid Innovations

CBO Community based Organization (including local health departments)

DPH Department of Public Health (CT)

FQHC Federally Qualified Health Center

OPM Office of Policy and Management

PSI Prevention Service Initiative

PMO Program Management Office (SIM)

RFP Request for Proposals

SIM State Innovation Model

ATTACHMENT A: PROPOSAL FACE SHEET

**SIM PROGRAM MANAGEMENT OFFICE
REQUEST FOR PROPOSALS (RFA)
Prevention Service initiative for CBOs**

PROPOSAL FACE SHEET

1	<p>RESPONDING AGENCY (Legal name and address of organization as filed with the Secretary of State):</p> <p>Legal Name: _____</p> <p>Street Address: _____</p> <p>Town/City/State/Zip: _____</p> <p>FEIN: _____</p>
2	<p>EXECUTIVE DIRECTOR/CEO</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>

3	<p>CHAIR/PRESIDENT/BOARD OF DIRECTORS</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>
4	<p>CONTACT PERSON</p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>

ATTACHMENT B: PROCUREMENT AND CONTRACTUAL AGREEMENTS
SIGNATORY ACCEPTANCE

Statement of Acceptance

The terms and conditions contained in this Request for Proposals constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Office of the Healthcare Advocate is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

On behalf of _____, I, _____
agree to accept the Mandatory Terms and Conditions and all other terms and conditions as set forth in the Prevention Services Initiative for CBOs Request for Proposals.

Signature

Title

Date